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SD Secretary of State

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER		2. DATE
THE STANDARD		9/30/2023
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
WEEKLY	52	$ $43/$53

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO BOX 215 WHITE LAKE, SD 57383

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
PO BOX 215 WHITE LAKE,SD 57383

6. FULL NAME OF PUBLISHER: BARB BECKER

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
BARB BECKER / TROY BECKER	PO BOX 215 WHITE LAKE, SD 57383

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
NONE

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	315	298
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	20	25
2. Mail Subscription (Paid and or requested)	230	203
3. Paid Electronic Copies	0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	250	228
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	250	228
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	65	70
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	315	298

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Barb Becker
(Signature)

Owner
(Title)

State of South Dakota)
§
County of Aurora)

Sworn to before me this 3rd day of October, 2023

Scott Clites
Notary Public

My commission expires: 2-27-2026

(Seal)

SCOTT CLITES
NOTARY PUBLIC
SOUTH DAKOTA

Form: SOS REC 051 9/2016